# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 91001 014 ****50.00

DOCUMENT # L010000004049 YEAR 2003

1. Entity Name

ADRENALINE ENTERTAINMENT, L.L.C.

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1865 KENNEDY CAUSEWAY, SUITE 5-D | 3535 HYAWATHA AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SUITE A-106 |
| City & State: NORTH BAY VILLAGE, FL | City & State: MIAMI-FLORIDA |
| Zip: 33141 Country: USA | Zip: 33133 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2301470 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name: ADRIANA FERRER

Street Address (P.O. Box Number is Not Acceptable): C/O: JE OYARCE & ASSOCIATES

199 SW 12TH AVENUE, SUITE 11

City: MIAMI FL Zip Code: 33130-1056

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: A. Ferrer ADRIANA FERRER 4/21/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE | MGRM |
| NAME | FERRER, ADRIANA |
| STREET ADDRESS | 3535 HYAWATHA AVENUE, # A-106 |
| CITY-ST-ZIP | MIAMI-FL 33133 |
| TITLE | MGRM |
| NAME | HERNANDEZ, JOAQUIN |
| STREET ADDRESS | 3535 HYAWATHA AVENUE, # A-106 |
| CITY-ST-ZIP | MIAMI-FL 33133 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

11.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Ferrer ADRIANA FERRER, MGRM 4/21/2003 (305) 324-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #